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CREA8-22 08/09/2010 3 01 PM

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009 Open to Public

Inte	rnal Revenu	ie Service		The organization may have to use a copy of this return to satisfy state	reporting requi	rements	Inspection
Α	For the 20	09 calend	lar yea	r, or tax year beginning, and ending			
	Check if applic			C Name of organization		D Emplo	yer identification number
	Address chan	Me I	e IRS	CREATING HOPE INTERNATIONAL		1	•
\equiv		lat	pel or	Doing Business As		38-	-3288402
Щ	Name change		int or L ype.		Doom/outo		
	Initial return		See	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
= [Termination		ecific	P O BOX 1058		313	3-278-5806
	remination	Ins	struç-	City or town, state or country, and ZIP + 4		G Gross rece	expts \$ 681,823
	Amended retu	ım tı	ons.	DEARBORN MI 48121		_	
	Application pe	endino F	Name	and address of principal officer		H(a) Is this	a group return for
			CAI	ROLYN DUNLAP		affiliati	es? Yes X No
			PC	BOX 1058		H(b) Are all	
				ARBORN MI 48121			* attach a list (see instructions)
_						- " ""	attach a list (see instructions)
! -	Tax-exemp					┧、.	
<u>J_</u>	Website.	(reatinghope.org/ail			exemption number
*****	Type of organ	nization	Corp	oration Trust Association Other ► L	Year of formation	1996	M State of legal domicile MI
<u> </u>	art i	Sum	mar	<u></u>			
	1 Brie	efly descr	nbe th	e organization's mission or most significant activities			
	1 7	TO EXE	PAND	EDUCATIONAL, HEALTH AND TRAINING OPPORTUNITIE	S		
5	1			IN NEED THROUGHOUT THE WORLD.			
ā	1 *	OK II	1001	IN NEED INCOGNOCI INE WORLD.			
ē	1			المامام			
Activities & Governance	2 Ch	eck this b	ox 🕨	If the organization discontinued its operations or disposed of more than 25%	of its net asse	ts .	
Ö	3 Nui	mber of v	oting i	members of the governing body (Part VI, line 1a)		3	6
S	1		_	ndent voting members of the governing body (Part VI, line 1b)		4	4
ij				mployees (Part V, line 2a)		5	4
	ŀ					<u> </u>	
Ac	6 Tot	tal numbe	er of vo	olunteers (estimate if necessary)		6_	0
	7a Tot	al gross i	unrela	ted business revenue from Part VIII, column (C), line 12	7a		
	b Net	t unrelate	d busi	ness taxable income from Form 990-T, line 34		7b	0
					Prior Y	ear	Current Year
	8 Cor	ntribution	s and	grants (Part VIII, line 1h)	45	54,297	657,035
ä				evenue (Part VIII, line 2g)			
Revenue	1	-		•		E 220	22 652
Şe,	1			e (Part VIII, column (A), lines 3, 4, and 7d)	-	15,329	23,652
	11 Oth	ner reven	ue (Pa	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		529	531
	12 Tot	tal revenu	ie – ac	id lines 8 through 11 (must equal Part VIII, column (A), line 12).	4	70,155	681,218
	13 Gra	ants and	sımılar	amounts paid (Part IX, column (A), lines 1-3) RECEIVED			284,511
	i						
	45 00					2,445	201,871
es	15 Sai			mpensation, employee benefits (Part IX 👸 umn (A); fines 🦫 12010		72,443	201,871
Su.	16a Pro			aising fees (Part IX, column (A), line 11e)			
Expenses	b Tot	lal fundra	ısıng e	Vnancac (Uart IX column (II) lina (II)			
ω	17 Oth	ner expen	nses (F	Part IX, column (A), lines 11a–11d, 11f-24f) OGDEN, UT	26	58,348	82,044
	1			dd lines 13–17 (must equal Part IX, column (A), line 25)	36	50,793	568,426
	1			enses Subtract line 18 from line 12		9,362	112,792
<u>ب ح</u>	3 13 146	veriue ies	o exp	enses Subtract line to nont line 14	Beginning of C		End of Year
Net Assets or	20 7-4	al accete	(Da=	Y line 16)		78,193	1,375,912
SSE Pala	20 Tot		-	X, line 16)			
# E	21 Tot	ial liabilitie	es (Pa	rt X, line 26)		L5,684	436,941
<u>z.</u>	22 Net	t assets c	or fund	balances Subtract line 21 from line 20	76	52,509	938,971
P	art II	Sign	atur	e Block			
		Under	penalte	es of perjury, I declare that I have examined this return, including accompanying schedules at	nd statements, an	d to the best of	of my knowledge
				strue, correct, and complete Declaration of preparer (other than officer) is based on all inform			
c:.		\perp	•			h/	1/ 10
Sig		$ \mathbf{A}$				X XX	y-16,20
Ηę́	re	Si	gnature	e of officer		Date	/
	• •		CAF	ROLYN DUNLAP Presi	.dent &	Execut	ive Director
	€3 ≫	T ₁	pe or p	onnt name and title			
					01	l. of	Preparer's identifying number
Ρa	id	Prepar		Date	Chec self-	r	(see instructions)
	éparer's	signatu	ıre		9/10 emple	oyed 🕨 💄	j j
				Associated Accounting & Tax Serv	rices	EIN D	·
ပရ	၉့်Only	if self-e		20150 Molecust Dd Che 271		Phone	
-	Z.	1		ZIP+4 Bingham Farms, MI 48025-5709			248-258-7165
	2 °					no	
				urn with the preparer shown above? (see instructions)		 	X Yes No
caí			3ana-	mante Participation Ant Matina, and the community implications			- 000

Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission TO EXPAND EDUCATIONAL, HEALTH AND TRAINING OPPORTUNITIES FOR THOSE IN NEED THROUGHOUT THE WORLD.	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
services? If "Yes," describe these changes on Schedule O	ies 🔼 No
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses \$ 532,921 including grants of \$ 273,269) (Revenue \$ FINANCIAL GRANT AND TECHNICAL ASSISTANCE IN THE FORM OF TEACHER TRAINING AND ADMINISTRATIVE TRAINING TO THE AFGHAN INSTITUTE OF LEARNING. # BENEFITED APPROX. 350,000)
5	
4b (Code) (Expenses \$ 575 including grants of \$) (Revenue \$ SPEAKING ENGAGEMENTS REGARDING THE NEED FOR EDUCATION OF WOMEN IN THE THIRD WORLD AND EDUCATION FOR AFGHAN WOMEN AND CHILDREN. # BENEFITED APPROX. 500)
£	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ ALTERNATIVE HEALTH PROJECT- TEACHING & TRAINING PEOPLE TO USE ENERGY AND THE LABYRINTH AS HEALING TOOLS, INCLUDING WORK WITH WOMEN PRISONERS. # BENEFITED, APPROXIMATELY 200	· ·
·	
4d Other program services (Describe in Schedule O) (Expenses \$ 13,713 including grants of \$ 11,242) (Revenue \$)
4e Total program service expenses ► 547,209	
	Form 990 (2009

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		_	
	Schedule C, Part II .	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	ļ		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"]		
	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			i
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	.		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one of more hospitals? If "Yes," complete Schedule H	20		X
		Forr	n 990	(2009)

Part IV Checklist of Required Schedules (continued)

0.4	District the second sec		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24		x
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		-	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			l
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	م ا		х
32	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	-33	 	
J	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
-	Schedule R, Part V, line 2	35	1	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-33	t	 -
- -	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>	1	<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part Vi	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		1
	19° Note. All Form 990 filers are required to complete Schedule O	38	x	

	rt V Statements Regarding Other IRS Filings and Tax Compliance	102				age J
	rt V Statements Regarding Other IRS Filings and Tax Compliance				Van	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	ı		Yes	No
Ia	U.S. Information Returns Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report					
·	gaming (gambling) winnings to prize winners?	labic		1c	x	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l	l	- 10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	$\overline{}$	<u>. </u>	2b	x	Ī
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	•				
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v				
	this return?	•		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bai	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ıng				Ì
	Prohibited Tax Shelter Transaction?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					Ī
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ods				ŧ
	and services provided to the payor?			7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1		ŀ
	required to file Form 8282?	l - .	i	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	sonai		ļ		ŧ
	benefit contract?	2		7 0 7f		\vdash
7	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	•			 	\vdash
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	•		<u>7g</u>	\vdash	+-
h	required?	3		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>		
Ů	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	İ	Ī
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a	ĺ	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		\dagger
10	Section 501(c)(7) organizations. Enter			100		\vdash
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1			1
11	Section 501(c)(12) organizations. Enter		•			
a	Gross income from members or shareholders	11a				I
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them)	11b				‡
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				For	m 990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	,	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	etion B. Policies (This Section B requests information about policies not required by the Internal			
Ke	venue Code)			Г
40-	December of the second section is a least observed as a second se	40-	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		x	
440	form?	11		
11a		12a		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		
_	rise to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		x
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14	•	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		х
a b		15a		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130		
16a				
IUa	with a taxable entity during the year?	16a		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100	_	
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			l
	the organization's exempt status with respect to such arrangements?	16b		Ť
Sec	ction C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
-	organization ► CAROLYN DUNLAP 120 N MILITARY			
ъ.	FADRODN MT 49124	231-54	1 _ 6	500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR. PARWIN BOROUM	AND									
DIRECTOR	· ·	X	ļ	_	<u> </u>			0	0	0
DR. JANET YAMAMOT DIRECTOR	O	x			ł			o	0	0
ANNETTE VITALE-SA	T.AN.TANII	^	-	<u> </u>				0		
DIRECTOR	THE COLUMN	x			ļ			o	0	0
BETSY AMIN-ARSALA			_		_					
DIRECTOR		X						O	0	0
CAROLYN DUNLAP										
PRES AND TRE	30.00			X				77,140	0	0
SAKENA YACOOBI			1	l	1					
V.P AND SECR	40.00	├	├ —	X	├-	-		72,500	0	0
•		ļ								
		╁─								
	ø			Ì	1					
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	J		ļ]	ļ]			
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	e ,	1					l			
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			1	1		1				}
	 	 	├		-	\vdash				
	1	1	I	l	1	1	l	1		l

		1		,	,		,		Triginost componidated E	r			
	(A) Name and Title	(B) Average hours per			chec		hatap Ig <u>∓</u>		(D) Reportable compensation	(E) Reportable compensation from related	ar	(F) stimated nount of	
		week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org an	other pensation om the anization d related anizations	
	·					<u> </u>							
		- ,				ļ							
		<u> </u>			 								
-			<u> </u>										
		<u> </u>				-							
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		~1										<u> </u>	
		<u> </u>	-			-		_					
			<u> </u>								<u> </u>		
	Tatal	L	l	<u> </u>		<u> </u>		_	149,640		ļ. ——		
1b 2	Total number of individuals (inc			_	ose	liste	d abo	ve)			1		
	reportable compensation from	the organization	<u> </u>	0_		_	_					Van	TNo
3	Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, direc	ctor o	or tru for s	stee uch i	, key	emp	loye	ee, or highest compensated			Yes	No X
4	For any individual listed on line the organization and related or	1a, is the sum of	f rep	ortab	le co	ompe	ensat						х
5	Individual Did any person listed on line 1a services rendered to the organ										Γ	5	x
Sec	tion B. Independent Contracto												
1	Complete this table for your five compensation from the organization	ation	nsate	ed inc	depe ——	nder	nt cor	ntrac					
	Name and	(A) business address							Descrip	(B) tuon of services		(C) Compens	ation
								_					
_													
								_		<u> </u>			
			_			-		-					
2	Total number of independent co						to th	ose	listed above) who received				, , , , , -
DAA	more than \$100,000 in comper	sation from the c	rgar	uzati	on ▶			-				0 Form 99 0	(2009)

Pa	rt V	III Stateme	ent of Reve	nue				· · · · · · · · · · · · · · · · · · ·		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	1a	Federated camp	ainns	1a				, , , , , , , , , , , , , , , , , , ,		012, 010, 01
unt	b	Membership due	=	1b					1	
ge.	c	Fundraising eve		1c						
ar a	d	Related organiza		1d						
is, c	е	Government grants (co		1e					1	
tior er Si	f	All other contributions,	•						I	
ibu		and similar amounts no	ot included above	1f		657,035				
graft	g	Noncash contributions	included in lines 1a-	1f	\$					
ة ك	h	Total. Add lines	1a-1f			▶	657,035			
Program Service Revenue Contributions, gifts, grants						Busn. Code				<u></u>
ever.	2a									
e R	b									
Ž	С					L				
Se	d		•		'					
ran	е									
709	f	All other program		ıue						
<u> </u>	9	Total. Add lines Investment inco				> _				
	3	other similar am	· ·	ividenc	is, interest	, and	24,257			24,257
	4	Income from inv		ovomn	t bond pro	ceeds	24,237			24,251
	5	Royalties	estinent of tax-	exemp	t bona pro	Leeds				
		Г	(ı) Real		(n) P	ersonal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental incom	ne or (loss)			•			Ţ	
	7a	Gross amount from	(i) Secunties	5	(11)	Other				
		sales of assets other than inventory								
	b	Less cost or other			{					
		basis & sales exps			<u> </u>	605				
	С	Gain or (loss)			<u> </u>	<u>-605</u>				
	d	Net gain or (loss					-605	-605		
an	8a	Gross income from	n fundraising ever	nts						
enn	i	(not including \$								
ج و		of contributions rep								
Other Reven		See Part IV, line 1		a						
ğ		Less direct exp		ь						
		Net income or (I		- 1	events					
	78	Gross income from See Part IV, line 1								
	h	Less direct exp		,a∣ b						
	1	Net income or (I		- 1	vities					
		Gross sales of I		ng acti	VILLES			7		
		returns and allow	-	а						
	ь	Less cost of go		b	- -					
		Net income or (I		of inv	entory	•				
			laneous Revenue			Busn. Code				
	11a	MISC					531	531		
	b					<u> </u>				
	С									
	d	All other revenue				L	 -			
	е	Total. Add lines	<i>r</i> -			•	531			
	12	Total Revenue.	See instruction	ns			681,218	-74	0	24,257

Form 990 (2009) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must c				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				······································
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	284,511	284,511		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	149,640	144,780	4,860	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		{		
_	persons described in section 4958(c)(3)(B)	20 014	21 027	77	
7	Other salaries and wages	32,014	31,937		
8	Pension plan contributions (include section 401(k)				
9	and section 403(b) employer contributions)	11,262	11,262		
	Other employee benefits	8,955	8,246	709	
10 11	Payroll taxes Fees for services (non-employees)	6,933	0,240	709	
'' a	Management	3,536		3,536	
a b	Legal				
c	Accounting	1,000		1,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other		<u></u>		
12	Advertising and promotion	539	384	155	
13	Office expenses	481	221	260	
14	Information technology				
15	Royalties				
16	Occupancy	7,400	5,400	2,000	
17	Travel	45,770	44,832	938	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,085		3,085	
23	Insurance *	2,457		2,457	
				1	
24	Other expenses Itemize expenses not	‡		1	
	covered above (Expenses grouped together	1		1	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	11,156	0.000	1,173	
a	TELEPHONE/INTERNET	3,871	9,983 3,679	1,173	
b	MATERIALS & SUPPLIES POSTAGE	967	751	216	
C	PRINTING & DUPLICATING	715	705	10	
ď	MEMBERSHIPS	669	150	519	
e	-	398	368	30	
f 25	All other expenses	568,426	547,209	21,217	
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	300,420	371,209		
20	SOP 98-2 Complete this line only if the		Ì		
	organization reported in column (B) joint costs	Ì			
	from a combined educational campaign and fundraising solicitation	1	ł		
DAA	rendrationing solicitation				Form 990 (2009

	art X	Balance Sheet	10111111		3286402		Page 11			
	116.5	. Datatice Street			(A) Beginning of year		(B) End of year			
	1	Cash—non-interest bearing			3,242	1	97,451			
	2	Savings and temporary cash investments		[973,512	2	1,149,260			
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net		Γ		4				
	5	Receivables from current and former officers, directors, ti	ustees, key							
		employees, and highest compensated employees Comp	lete Part II of							
		Schedule L				5				
	6	Receivables from other disqualified persons (as defined of	ınder section							
		4958(f)(1)) and persons described in section 4958(c)(3)(l	3) Complete							
		Part II of Schedule L				6				
Assets	7	Notes and loans receivable, net		Ī		7	127,047			
SS	8	Inventories for sale or use		Ī		8				
ď	9	Prepaid expenses and deferred charges			9					
	10a	Land, buildings, and equipment cost or	1 1	Γ						
		other basis Complete Part VI of Schedule D	10a	6,187						
	ь	Less accumulated depreciation	10b	4,033	1,439	10c	2,154			
	11	Investments—publicly traded securities		11						
	12	Investments—other securities See Part IV, line 11		12						
	13	Investments—program-related See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets See Part IV. line 11	T T		15					
	16	Total assets. Add lines 1 through 15 (must equal line 34	F	978,193		1,375,912				
	17	Accounts payable and accrued expenses		17						
	18	Grants payable		18						
	19	Deferred revenue	F		19					
	20	Tax-exempt bond liabilities				20				
S	21	Escrow or custodial account liability Complete Part IV of	Schedule D	t		21				
Liabilities	22	Payables to current and former officers, directors, trustee		l l	· · · · · · · · · · · · · · · · · · ·					
ij		employees, highest compensated employees, and disqui		[
<u>.</u>		persons Complete Part II of Schedule L	ca	Ĭ		22				
	23	Secured mortgages and notes payable to unrelated third	narties	f	-	23				
	24	Unsecured notes and loans payable to unrelated third pa		r		24				
	25	Other liabilities Complete Part X of Schedule D	11103	<u> </u>	215,684		436,941			
	26	Total liabilities. Add lines 17 through 25		ŀ	215,684		436,941			
	20	Organizations that follow SFAS 117, check here ▶	K and				300,032			
Balances		complete lines 27 through 29, and lines 33 and 34.	ano	Į						
au	27	Unrestricted net assets		f	586,379	27	635,797			
3al	28	Temporanly restricted net assets		t	176,130		303,174			
P	29	Permanently restricted net assets		ŀ		29				
Fund	23	Organizations that do not follow SFAS 117, check he	ro 🕨 📋	ŀ						
ī		and complete lines 30 through 34.		ŀ						
ō	30	Capital stock or trust principal, or current funds	· ·							
ets	31	Paid-in or capital surplus, or land, building, or equipment	ŀ		30 31					
SS	32	Retained earnings, endowment, accumulated income, or	ŀ		32	 -				
Net Assets or	33	<u> </u>	ŀ	762,509		938,971				
Š		Total net assets or fund balances		· }	978,193		1,375,912			
	34	Total liabilities and net assets/fund balances			<u> </u>	34	<u> </u>			

Form **990** (2009)

orm	990 (2009) CREATING HOPE INTERNATIONAL 38-3288402		_ Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		Forn	n 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

			CREATING HOP	E INTERNATIONAL					38-	328	8402		
P	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.		
he	orgar	nization is not	a private foundation because	e it is (For lines 1 through 11, che	ck only o	ne box)							
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(/	۹)(i).						
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital servic	e organization described in secti	on 170(b)	(1)(A)(iii)							
4	П	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,		
		city, and state	e										
5		An organizati	on operated for the benefit o	f a college or university owned or	operated	by a gove	ernmenta	al unit de	scnbed	ın			
		section 170(b)(1)(A)(iv). (Complete Part	II)									
6		A federal, sta	te, or local government or go	overnmental unit described in sec	tion 170(b)(1)(A)(v	·).						
7	X	An organizati	on that normally receives a s	substantial part of its support from	n a govern	mental un	ut or fron	n the gei	neral pu	blic			
		described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II)								
9		An organizati	on that normally receives (1) more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership fe	ees, and	gross			
		receipts from	activities related to its exem	pt functions—subject to certain e	xceptions,	and (2) r	io more i	than 33	1/3 % o	fits			
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 5°	i1 tax) fr	om busi	nesses				
		acquired by the	he organization after June 30), 1975 See section 509(a)(2). (Complete	Part III)							
10		An organizati	on organized and operated e	exclusively to test for public safety	/ See sec	tion 509(a)(4).						
11		•	•	exclusively for the benefit of, to pe			•	•					
		•		ed organizations described in sec	•					tion			
			C	ne type of supporting organization		•	11e thr						
	_	a Type	·	c Type III-Functions			d		e III–Ot	her			
е			•	anization is not controlled directly				•					
				and other than one or more public	cly suppor	ted organ	ızatıons	describe	ed in sec	ction			
			section 509(a)(2)		_								
f		=		rmination from the IRS that it is a	Type I, Ty	/pe II, or T	Type III s	upportin	g				
			check this box										Ш
g			•	on accepted any gift or contributi	ion from a	ny of the							
		following per											T
			•	ntrols, either alone or together wi	ıtn person:	s describe	ed in (ii)				[Yes	No
				the supported organization?							11g(i)	┼	╅——
			member of a person describ								11g(ii)		┼
		•	ontrolled entity of a person d	**							11 <u>g(iii</u>	<u> </u>	1
<u>h</u>	Maria		ollowing information about th	T	Charles the		43 04		(() A		
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	, ,	organization sted in your		ou notify	organizat	is the ion in col	(vii) An sup		
	•			above or IRC section		document?		of your		zed in the S ?			
				(see instructions))	Yes	No	Yes	No No	Yes	No			
	 -								1.00				
					ļ	ļ		ļ	Ì				
									<u> </u>				
							<u> </u>						
					 	 	 -	 	-	 			
_					 		<u> </u>		<u> </u>				
				†	1	-			1				

Total

9	activities, whether or not the business is regularly carried on	 				0	<u> </u>
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		2	5	908	531	1,44
11	Total support. Add lines 7 through 10						2,502,38
12	Gross receipts from related activities, etc. (see instructions)				12	1 44

Section C. Computation of Public Support Percentage

organization, check this box and stop here

14	Public support percentage for 2009 (line 6, column (1) divided by line 11, column (1))	14	92.30 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	76.79%
16a	33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box		

and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

13

Schedule A (Form 990 or 990-EZ) 2009

CREATING HOPE INTERNATIONAL

Page 3

Pa	art III Support Schedule for Or						
	(Complete only if you che	ecked the box o	on line 9 of Par	t I.)			
	tion A. Public Support			<u> </u>			
Cai	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received					l	
	from other than disqualified persons that .						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)	<u> </u>	<u> </u>			<u> </u>	
-	tion B. Total Support	т	1			r	
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	<u> </u>	-			 	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	 					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,]]]	
	and 12)	L	<u> </u>	L	L		
14	First five years. If the Form 990 is for the o	-	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here				·		>
	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,	• •	-	(f))		15	<u> </u>
16	Public support percentage from 2008 Sche					16	%_
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin			olumn (f))		17	
18	Investment income percentage from 2008					18	
19a	33 1/3 % support tests—2009. If the organ						
L	17 is not more than 33 1/3 %, check this bo		-				P [
b	33 1/3 % support tests—2008. If the organ						▶ □
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did		-				
<u></u>	tato iounidadon. Il die organization did	THE CHECK & DUX OF	17, 13a, Uf 18	ID, CHECK HIS DUX	and see manuchons		

Schedule A (Form 990 or 990-EZ) 2009 CREATING HOPE INTERNATIONAL

38-3288402

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

\$

1,446

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No_1545-0047

Open to Public Inspection

Name of the o	organization	,	Employer identification number
CREAT	ING HOPE INTERNATIONAL		38-3288402
Part I	Organizations Maintaining Donor Advised Funthe organization answered "Yes" to Form 990,		counts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1 Total r	number at end of year		
2 Aggre	gate contributions to (during year)		
3 Aggre	gate grants from (during year)		
4 Aggre	gate value at end of year	L	
5 Did the	e organization inform all donors and donor advisors in writing that	the assets held in donor advised	
funds	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6 Did the	e organization inform all grantees, donors, and donor advisors in v	rnting that grant funds can be	
used o	only for chantable purposes and not for the benefit of the donor or	donor advisor, or for any other	
purpos	se conferring impermissible private benefit?	<u> </u>	Yes No
Part II	Conservation Easements. Complete if the orga	anization answered "Yes" to Form	990, Part IV, line 7.
1 Purpo:	se(s) of conservation easements held by the organization (check a	all that apply)	
Pr	reservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo	ortant land area
[] Pr	rotection of natural habitat	Preservation of certified historic sti	ructure
Pr	reservation of open space	_	
2 Compl	lete lines 2a through 2d if the organization held a qualified conserv	ration contribution in the form of a conservati	on
	nent on the last day of the tax year		
			Held at the End of the Tax Yea
a Total r	number of conservation easements		2a
b Total a	acreage restricted by conservation easements		2b
	er of conservation easements on a certified historic structure inclu	ded in (a)	2c
	er of conservation easements included in (c) acquired after 8/17/0	` '	2d
	er of conservation easements modified, transferred, released, exti		
	kable year ▶	rigationed, or terminated 2, and organization	
	er of states where property subject to conservation easement is lo	cated >	
	the organization have a written policy regarding the periodic monit		
	ons, and enforcement of the conservation easements it holds?	orning, mapestion, nariating of	☐ Yes ☐ No
	and volunteer hours devoted to monitoring, inspecting, and enforcing	on conservation easements during the year	
• Olan e	and volunteer mours devoted to monitoring, inspecting, and emoral	ig conservation easements during the year	
7 Amou	— — — — — — monitoring, inspecting, and enforcing comments.	preservation eacoments during the year	
7 Amou	in or expenses incurred in monitoring, inspecting, and embraing oc	inservation easements during the year	
·	one hand a second transfer of the second tran	so sometiments of southern	
	each conservation easement reported on line 2(d) above satisfy the	e requirements of section	Yes No
	(4)(B)(i) and section 170(h)(4)(B)(ii)?		
	t XIV, describe how the organization reports conservation easeme		
	ce sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	rganization's imandar statements that descr	ides
Part III	Organizations Maintaining Collections of Art,		milar Assets.
1a If the	Complete if the organization answered "Yes" to organization elected, as permitted under SFAS 116, not to report in		vorks of
	storical treasures, or other similar assets held for public exhibition,		
	e, in Part XIV, the text of the footnote to its financial statements th		JIIO GCI VICE,
•	organization elected, as permitted under SFAS 116, to report in its		s of art
	cal treasures, or other similar assets held for public exhibition, edu		
		reaction, or research in turniciance of public s	DELAICE ⁴
•	e the following amounts relating to these items		. •
• •	evenues included in Form 990, Part VIII, line 1		*
• •	ssets included in Form 990, Part X	alban annia annia far Const	
	organization received or held works of art, historical treasures, or organization received or held works of art, historical treasures, or organization received or held works of art, historical treasures, or organization	<u> </u>	e me
	ing amounts required to be reported under SFAS 116 relating to the	ese items	
	nues included in Form 990, Part VIII, line 1		> \$
b Assets	s included in Form 990, Part X		▶ \$

che	dule D (Form 990) 2009 CREATING H	OPE	INTERNATI	ONAL	38-32	88402		Pa	age 2
Pa	rt III Organizations Maintaining C	ollect	ions of Art, His	torical Treasu	res, or Other Si	milar Assets	(continu	ıed)	
3	Using the organization's acquisition, accession, collection items (check all that apply)	and oth	er records, check ar	ny of the following to	hat are a significant (use of its			
а	Public exhibition		d Loan or o	exchange programs	S				
ь	Scholarly research		e Other	3-, 3					
С	Preservation for future generations			-					
4	Provide a description of the organization's collect Part XIV	ctions ar	nd explain how they	further the organiza	ation's exempt purpo	se in			
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive di	onations of art, histo	rical treasures, or o	other similar		Ye		No
Pa	rt IV Escrow and Custodial Arran					Yes" to Form			110
1 · Ć	IV, line 9, or reported an amo				don anovered	100 101 01111	000, r ur	•	
12	Is the organization an agent, trustee, custodian of				accete not				
ıa	included on Form 990, Part X?	or ourer	intermediary for cor	illibulions of office	assets not		Ye	. [No
_	•	d aamal	ata tha fallauwaa tah	la.			□,,		, 110
a	If "Yes," explain the arrangement in Part XIV and	a compi	ete the following tab	ie			Amoun		—
							Aillouit		—
	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form	1990, P	art X, line 21?				Ye	es 🛴	No
*******	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comple	te if o	rganization ans	<u>wered "Yes" to</u>	Form 990, Part	t IV, line 10.			
	•	(a)	Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	Ĺ							
b	Contributions -* -								
С	Net investment earnings, gains,								
	and losses	ł							
d	Grants or scholarships	_							
	Other expenditures for facilities	[
Ī	and programs	ĺ							
f	Administrative expenses							~	
	End of year balance	 							
g 2	•	L bolos	oo bold oo		·	<u> </u>			
	Provide the estimated percentage of the year en	iu vaiaii							
a	• • • • =		%						
	Permanent endowment %								
_	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the	e organization that a	re held and admini	stered for the			<u> </u>	Γ
	organization by						<u> </u>	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		ļ
b	If "Yes" to 3a(ii), are the related organizations lis	sted as i	required on Schedul	e R?			3b	ļ	L
4	Describe in Part XIV the intended uses of the or								
Pa	rt VI Investments—Land, Buildin	gs, ar	nd Equipment.	See Form 990	<u>, Part X, line 10</u>	<u>. </u>		_	
	Description of investment	(a)	Cost or other basis	(b) Cost or oth	ner (c) Aco	cumulated	(d) Bool	k value	
			(investment)	basis (other) depr	reciation			
1a	Land								
b	Buildings								
	Leasehold improvements								
	Equipment								
	Other							_	
	Add lines to through to (Column (d) must equi	al Form	000 Part V column	(R) line 10(e)	 -				

Federal income taxes 436,941 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) \triangleright

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 CREATING HOPE INTERNATIONAL 38-3288402	<u>2 </u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	681,218
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	568,426
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	112,792
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior penod adjustments	7	63,670
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	63,670
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	176,462
Pa	ert XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements	1	681,218
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b	1	
С	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIV)	- 1	
е	Add lines 2a through 2d	2ө	
3	Subtract line 2e from line 1	3	681,218
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	\neg	
а	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	681,218
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn	
1	Total expenses and losses per audited financial statements	1	568,426
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a	- 1	
b	Prior year adjustments 2b 0		
С	Other losses 2c	- 1	
d	Other (Describe in Part XIV)	- 1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	568,426
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	$\overline{}$	
a	Investment expenses not included on Form 990, Part VIII, line 7b	- 1	
b	Other (Describe in Part XIV) 4b	1	
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	568,426
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
	2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	eart to provide any additional information.		
ino p	are to provide any additional unioniation.		
	·		

Schedule F (Form 990)

Part I

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990. ► See separate instructions.

General Information on Activities Outside the United States. Complete if the organization answered

CREATING HOPE INTERNATIONAL

Open to Public Inspection

Employer identification number

38-3288402

	<u>"Yes" to Form 99</u>	<u>0, Part IV, line 14b</u>	l		
1 For grant	makers. Does the orga	anization maintain record	is to substantiate the amount of the gr	ants or	
			tance, and the selection criteria used t		
	or assistance?	iy tot ino granic or door	and and the deletion differing about		X Yes No
the grants	or assistance.				11 163 140
2 For grant	makers. Describe in P	art IV the organization's	procedures for monitoring the use of g	grant funds outside the	
United Sta	ites				
3 Actuation	or Dogian / Han Caha	dula E 1 (Earm 000) if a	iditional space is needed)		
3 Activities p	region (Use Sche	uule F-1 (Folili 990) ii ad	dultional space is needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
(a) region	offices in the	employees or	region (by type) (i e ,	a program service,	expenditures for
	region	agents in	fundraising, program services,	describe specific type of	region
		region	grants to recipients located in	service(s) in region	,
			the region)	1	
					
		 		 	
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Totals ▶					
		41 4 4 41			

Part II Grants and	d Other Assista	nce to Organiz	zations or Entities Outside th	e United States. (Complete if the	organization ar	swered "Yes" t	o Form 990,
			ceived more than \$5,000. Ch	eck this box if no d	one recipient r	eceived more the	an \$5,000	▶ ∐ .
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	al space is needed. (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		COVERN ACT	PROGRAM SERVICE	273,269				
		SOUTH ASI	PROGRAM SERVICE	11,242	·		 	
		SOUTH ASI		11,242	i			
			77.1					
				{				
								
								
							<u> </u>	
***************************************	***************************************							

]				
								
	•		are recognized as charities by the fore	ign country, recognized	as tax-exempt			
by the IRS, or for which 3 Enter total number of oth	_		section 501(c)(3) equivalency letter				-	2
								F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed (e) Manner of (f) Amount of (g) Description (h) Method of (d) Amount of (a) Type of grant or assistance (b) Region (c) Number of cash non-cash of non-cash valuation cash grant recipients (book, FMV, disbursement assistance assistance appraisal, other)

Schedule F (Form 990) 2009

CREATING HOPE INTERNATIONAL

38-3288402

Page 4

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

CREATING HOPE INTERNATIONAL

Employer identification number 38–3288402

Form 990, Part III, Line 4d - All Other Achievements
TIBETAN PROJECT- PROVIDING TECHNICAL ASSISTANCE TO
TIBETAN REFUGEES. # BENEFITED APPROX. 800

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 The Form 990 is reviewed by Carolyn Dunlap before filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are made available to the public upon request.

Forms	Other Notes and Loans	Receivable	·	2000
990 / 990-PF	For calendar year 2009, or tax year beginning	, and ending		2009
Name			Employer Ide	ntification Number
CREATING HOPE	TNTERNATIONAL		38-328	8402

990/990-PF	For calendar year 2009	or toy your beginning		and anding	2009
Name	For calendar year 2009, o	or tax year beginning		, and ending	l Employer Identification Num
CREATING HOPE	INTERNATIONAL				38-3288402
	t X, Line 7 -		Information		
	Name of borrower				
1) AIL	Ivallie of bollower			Relationship to disqu	anned person
2)					
3)				····	
4)					
5)					
6)					
7)				· · · · · · · · · · · · · · · · · · ·	
(8)					
(9) (10)					
10)					······································
Original amount borrowed	Date of loan	Maturity date	R	epayment terms	Interes rate
1)		12/31/11			0.00
2)					
3)					
4)					
5)					
6)		<u> </u>			
7)					
8)		 	-		
9)		 			
10)		1	<u></u>		
· · · · · · · · · · · · · · · · · · ·					
Sec	urity provided by borrower			Purpose of lo	nan
1)	anty provided by borrower		Construct	ion of buil	ding
2)		 			
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					····
Canadara	than furnished by lander		Balance due at	Balance due at	Fair market value
1) Considera	tion furnished by lender		beginning of year	end of year 127,0	(990-PF only)
2)					
3)					
4)			······	<u> </u>	
5)					
(6)					

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
1)		127,047	
2)			
3)			
4)			
5)			
5)			
7)			
3)			
9)			
10)			
		127,047	

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172
2009
Attachment Sequence No 67

Name(s) shown on return

CREATING HOPE INTERNATIONAL

► See separate instructions.

Identifying number 38-3288402

		 								
	ess or activity to which this form relates	:								
	ndirect Depreciation Election To Expen		erty Under Sec	tion 179	<u></u>					
1 6	Note: If you have a	•	•			comr	olete Pai	rt I.		
1	Maximum amount. See the instruct				, . ,	<u> </u>		<u>, ,, </u>	1	250,000
2	Total cost of section 179 property placed in service (see instructions)								2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)									800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-									
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions								5	
6_	(a) Description		(b) Cost (business use only)			(c) Elected cost				
7	Listed property Enter the amount t									
8	Total elected cost of section 179 pr	s 6 and 7					8			
9	Tentative deduction Enter the smaller of line 5 or line 8								9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562								10	
11		Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.							11	
12				nan iine 1	1	13		***	12	
13 Note	Carryover of disallowed deduction : Do not use Part II or Part III below			-		13				
	art II Special Depreciati			ciation	(Do not	incl	ıde liste	d prope	rty) ((See instr.)
<u></u>	Special depreciation allowance for						ado listo	u piope	· · · · · ·	000 111001.)
	during the tax year (see instruction		ici tilali liotoa propo	nty) place	G 111 501 1100	•			14	2,201
15	Property subject to section 168(f)(1	•							15	
16									16	
	art III MACRS Depreciat		ide listed prope	rtv.) (S	ee instru	ction	s.)			<u></u>
			Section							
17	MACRS deductions for assets place	ced in service in tax ye	ears beginning befor	re 2009	-				17	443
18	If you are electing to group any assets p	placed in service during th	e tax year into one or r	nore gener	al asset acco	ounts, cl	neck here	·		
	Section B—	-Assets Placed in Se	rvice During 2009	Tax Year	Using the	Gene	ral Deprec	iation Sy	stem	
_	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprei (business/investmei only-see instructi	nt use 📉	d) Recovery period	(e) C	onvention	(f) Meti	nod	(g) Depreciation deduction
19a	3-year property					<u> </u>				
b	5-year property	4	2	,203	5.0	<u> </u>	HY	200	<u>DB</u>	441
С	7-year property	4								
d	10-year property	4				L				
е	15-year property	4				├ ─				
f	20-year property	4				<u> </u>				
	25-year property	ļ			25 yrs	├		S/L		
h	Residential rental		<u> </u>		27 5 yrs		MM	S/L		
	property				27 5 yrs		MM	S/L		
İ	Nonresidential real				39 yrs		MM	S/L	 -	
	property	1	.	<u> </u>			MM	S/L		<u> </u>
	Section C_A	Secrete Placed in Son	rice During 2009 T	av Voar I	Icina tha /		PINA DANK	aciation S	vetor	
^^		Assets Placed in Sen	vice During 2009 T	ax Year U	Jsing the F	Alterna	itive Depre		ysten	<u>}</u>
	Class life	Assets Placed in Ser	vice During 2009 T	ax Year U		Alterna	itive Depre	S/L		\
b	Class life 12-year	Assets Placed in Serv	vice During 2009 T	ax Year U	12 yrs			S/L S/L		
b c	Class life 12-year 40-year		rice During 2009 T	ax Year U			MM	S/L		
c Pa	Class life 12-year 40-year art IV Summary (See ins	structions.)	vice During 2009 T	ax Year U	12 yrs			S/L S/L		
b c Pa 21	Class life 12-year 40-year art IV Summary (See ins	structions.)			12 yrs 40 yrs		ММ	S/L S/L		
b C Pa 21 22	Class life 12-year 40-year art IV Summary (See ins Listed property Enter amount from Total. Add amounts from line 12, li and on the appropriate lines of you	structions.) In line 28 Ines 14 through 17, lin	nes 19 and 20 in colu	umn (g), a	12 yrs 40 yrs and line 21.		ММ	S/L S/L		3,085
c Pa	Class life 12-year 40-year art IV Summary (See instance Listed property Enter amount from Total. Add amounts from line 12, li	structions.) In line 28 Ines 14 through 17, lin Ir return Partnerships and in service during the	nes 19 and 20 in colu	umn (g), a	12 yrs 40 yrs and line 21.		ММ	S/L S/L	21	